

OSSEO MEDICAL CENTER-MAYO

13025 EIGHTS STREET PO BOX 70

OSSEO 54758 Phone:(715) 597-3121

Owned from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 40

Total Licensed Bed Capacity (12/31/04): 40

Number of Residents on 12/31/04: 39

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

39

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		41.0	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	More Than 4 Years		41.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6			17.9	
Day Services	No	Mental Illness (Org./Psy)	38.5	65 - 74	2.6			-----	
Respite Care	No	Mental Illness (Other)	2.6	75 - 84	33.3			100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	48.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.6	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	7.7	-----	100.0	(12/31/04)			
Other Meals	Yes	Cardiovascular	2.6	65 & Over	97.4	-----			
Transportation	No	Cerebrovascular	17.9	-----	-----	RNs		12.1	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		14.2	
Other Services	No	Respiratory	5.1	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	23.1	Male	23.1	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	76.9				
Provide Day Programming for		-----	100.0	-----	-----				
Developmentally Disabled	No	-----	-----	-----	100.0				

Method of Reimbursement

Medicare (Title 18)				Medicaid (Title 19)				Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.0	156	0	0.0	0	1	16.7	171	0	0.0	0	0	0.0	0	2	5.1
Skilled Care	0	0.0	0	28	84.8	133	0	0.0	0	5	83.3	146	0	0.0	0	0	0.0	0	33	84.6
Intermediate	---	---	---	4	12.1	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	10.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		33	100.0		0	0.0		6	100.0		0	0.0		0	0.0		39	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	26.9	Bathing	0.0	20.5	79.5	39
Private Home/With Home Health	0.0	Dressing	10.3	53.8	35.9	39
Other Nursing Homes	7.7	Transferring	28.2	33.3	38.5	39
Acute Care Hospitals	57.7	Toilet Use	28.2	33.3	38.5	39
Psych. Hosp.-MR/DD Facilities	0.0	Eating	66.7	20.5	12.8	39
Rehabilitation Hospitals	0.0	*****				
Other Locations	7.7	Continence	%	Special Treatments		%
Total Number of Admissions	26	Indwelling Or External Catheter	5.1	Receiving Respiratory Care		7.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	33.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	15.4	Occ/Freq. Incontinent of Bowel	17.9	Receiving Suctioning		0.0
Private Home/With Home Health	3.8	Mobility		Receiving Ostomy Care		2.6
Other Nursing Homes	7.7	Physically Restrained	7.7	Receiving Tube Feeding		0.0
Acute Care Hospitals	3.8			Receiving Mechanically Altered Diets		28.2
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	2.6	Have Advance Directives		100.0
Other Locations	11.5	With Rashes	0.0	Medications		
Deaths	57.7			Receiving Psychoactive Drugs		46.2
Total Number of Discharges						
(Including Deaths)	26					

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.5	91.7	1.06	88.8	1.10	
Current Residents from In-County	87.2	85.3	1.02	77.4	1.13	
Admissions from In-County, Still Residing	61.5	14.1	4.37	19.4	3.17	
Admissions/Average Daily Census	66.7	213.7	0.31	146.5	0.46	
Discharges/Average Daily Census	66.7	214.9	0.31	148.0	0.45	
Discharges To Private Residence/Average Daily Census	12.8	119.8	0.11	66.9	0.19	
Residents Receiving Skilled Care	89.7	96.2	0.93	89.9	1.00	
Residents Aged 65 and Older	97.4	90.7	1.07	87.9	1.11	
Title 19 (Medicaid) Funded Residents	84.6	66.8	1.27	66.1	1.28	
Private Pay Funded Residents	15.4	22.6	0.68	20.6	0.75	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	41.0	32.7	1.26	33.6	1.22	
General Medical Service Residents	23.1	22.0	1.05	21.1	1.10	
Impaired ADL (Mean)*	57.9	49.1	1.18	49.4	1.17	
Psychological Problems	46.2	53.5	0.86	57.7	0.80	
Nursing Care Required (Mean)*	5.1	7.4	0.69	7.4	0.69	